	٠.														
•							·					•			
CLAIMS ONLY									Application Number Filing Date						
								Applicant(s)  * May be used for additional claims or amendments							
	CLAIMS		Depend	AFTE AMEN Indep	R FIRST IDMENT Depend	AMEN	SECOND IDMENT Depend		Indep	Depend			* Indep	Depend	
	1 2 3 4							51 52 53 54							
	5 6 7 8							55 56 57 58							
	9 10 11 12							59 60 61							
	13 14 15 16							62 63 64 65							
	17 18 19 20			•				66 67 68 69							
	21 22 23							70 71 72 73					-		
	24 25 26 27							74 75 76 77							
	28 29 30 31	·						78 79 80 81							
٠.	32 33 34 35							82 83 84 85							
	36 37 38 39							86 87 88 89		1					
	40 41 42 43							90 91 92 93							
· .	44 45 46 47							94 95 96 97							
	48 49 50 Total							98 99 100 Total							
	Total Indep Total Depend Total	33		_	<u> </u>			Indep Total Depend Total	<b>-</b>	<u> </u>	<b>-</b>	]	_		
	Total Claims	34	<u>-</u>	· ·	<u> </u>	<u> </u>	· .	Claims			<u></u>	<u> </u>			
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